**TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Application Number	09/714,382
Filing Date	November 15, 2000
First Named Inventor	Kell Michael Jensen
Group Art Unit	
Examiner Name	
Attorney Docket Number	42390P9690

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Copy of filing receipt; postcard; Request for correction of filing receipt </div>
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

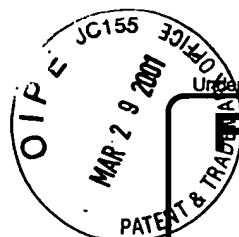
Firm or Individual name	Eric S. Hyman, Reg. No. 30,139 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN
Signature	
Date	3/20/01

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name	Melissa Stead	Date	3-26-01
Signature			

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PTO/SB/17 (09-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number 09/714,382
Filing Date 11/15/00
First Named Inventor Kell Michael Jensen, et al.
Examiner Name
Group Art Unit
Attorney Docket Number 42390P9690

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METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666

Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP

- ☒ Charge Any Additional Fee Required Under 37CFR 1.16 and 1.17
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:
☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. FILING FEE

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)

2. CLAIMS

Total Claims	Extra	Fee from below	Fee Paid
Independent Claims		X	
Multiple Dependent Claims		X	

Multiple Dependent Claims

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple Dependent claim
109	80	209	40	Reissue independent claims over original patent
110	18	210	9	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

*or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEE

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920	112	920	Requesting publication of SIR prior to Examiner action	
113	1,840	113	1,840	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for response within first month	
116	390	216	195	Extension for response within second month	
117	890	217	445	Extension for response within third month	
118	1,390	218	695	Extension for response within fourth month	
128	1,890	228	945	Extension for response within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidably	
141	1,240	241	620	Petition to revive - unintentionally	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

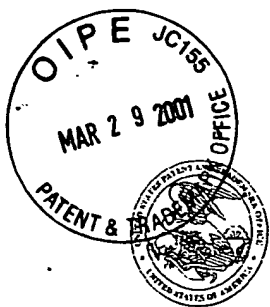
SUBTOTAL (3) (\$)

* Reduced by Basic Filing Fee Paid

SUBMITTED BY

Typed or Printed Name	Eric S. Hyman, Reg. No. 30,139	Reg. Number	
Signature		Date	3/23/01
Deposit Account	02-2666	User ID	

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UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/714,382	11/15/2000	2152	1050	42390.P9690	3	30	5

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BLAKELY SOKOLOFF TAYLOR & ZAFMAN
12400 WILSHIRE BOULEVARD, SEVENTH FLOOR
LOS ANGELES, CA 90025

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BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN
LOS ANGELES

Date Mailed: 02/22/2001

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Receipt is acknowledged of ~~STATUS OF DATA~~ Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Kell Michael Jensen, Residence, NOT PROVIDED;
Christian J. Thyrsøe, Residence, NOT PROVIDED;
Frederick H. Anderson, Residence, NOT PROVIDED;

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Continuing Data as Claimed by Applicant

Foreign Applications

If Required, Foreign Filing License Granted 02/22/2001

Title

System and method of transmitting data frames in a mesh of data switches

Preliminary Class

709

Data entry by : DILLON, LAWANDA

Team : OIPE

Date: 02/22/2001



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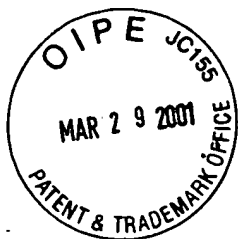
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JL

2/22/01



Atty. Docket No.: 042390.P9690

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kell Michael Jensen, Christian J. Thrysoe,
Frederik H. Anderson

Serial No.: 09/714,382

Filed: November 15, 2000

For: SYSTEM AND METHOD OF TRANSMITTING
DATA FRAMES IN A MESH OF DATA SWITCHES

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REQUEST FOR CORRECTION OF FILING RECEIPT

Commissioner of Patents and Trademarks
Washington, D.C. 20231
Attention: OATPA Data Base Maintenance Staff

Sir:

We have received the official filing receipt for the above-identified U.S. Trademark Application (copy enclosed). Upon our review, we have discovered that two of the applicant's names are spelled incorrectly. The names are spelled as follows:

CHRISTIAN J. THYRSOE and FREDERICK H. ANDERSON

The names should read as follows:

CHRISTIAN J. THRYSOE and FREDERIK H. ANDERSON

Please correct your records to reflect the correct names and send us a corrected filing receipt.

If there are any questions regarding this application, please contact the undersigned.

Respectfully submitted,

BLAKELY SOKOLOFF TAYLOR & ZAFMAN

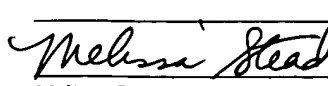
Date: 3/23/01


Eric S. Hyman Reg. No.: 30,139

12400 Wilshire Blvd., 7th Floor
Los Angeles, CA 90025
(310) 207-3800

CERTIFICATE OF MAILING

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3-26-01
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WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 9498

SERIAL NUMBER 09/714,382	FILING DATE 11/15/2000 RULE	CLASS 709	GROUP ART UNIT 2662	ATTORNEY DOCKET NO. 42390P9690	
APPLICANTS Kell Michael Jensen, Gentofte, DENMARK; Christian J. Thrysoe, Soborg, DENMARK; Frederik H. Anderson, Vaerloese, DENMARK;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/22/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials		STATE OR COUNTRY DENMARK	SHEETS DRAWING 3	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 5
ADDRESS 08791					
TITLE System and method of transmitting data frames in a mesh of data switches					
FILING FEE RECEIVED 1180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		